

Health of King County 2006

Chapter 11: Access to Care

Insurance Coverage

Oral Health Care

Avoidable Hospitalizations

Unmet Medical Need

Usual Source of Care

Health Insurance Coverage

Lack of health insurance is a major barrier to obtaining needed and preventive health care.¹ Uninsured people have an increased risk of morbidity and mortality from preventable diseases.^{2,3}

In King County, 15.5% of adult residents, 190,000 lacked health insurance in 2004. This is the highest percentage recorded since data began being collected in 1991.

This percentage has been increasing since 2000, and does not meet the Healthy People 2010 goal of 0% uninsured.

In 2004, 4.1% of children (about 16,000) were uninsured.

Compared to 15 major metropolitan U.S. counties, King County ranks 14th in lack of health insurance. King County is not statistically different than Washington State, or 5 demographically comparable counties across the United States. See [Public Health Core Indicators for Seattle and King County](#) for more information.

While an increase in the prevalence of uninsured was seen in many demographic groups, substantial disparities not only persist, but have intensified by income, and race/ethnicity, and age.

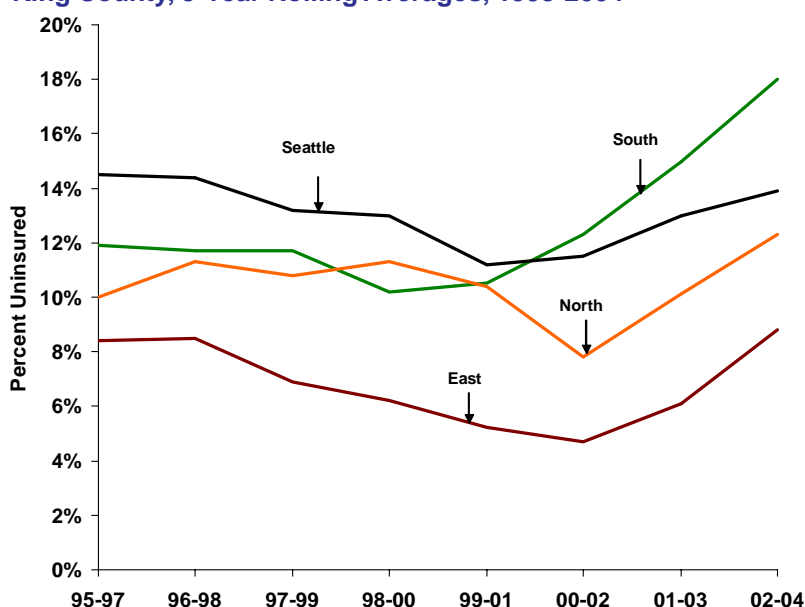
Uninsured individuals were less likely to get preventive care and needed screenings, increasing the likelihood of morbidity and mortality.^{4,5} They are also less likely to seek needed medical care due to cost.

The impacts of the uninsured and underinsured stretch an already strained safety net, including hospitals and public health clinics.⁶

King County and Regions

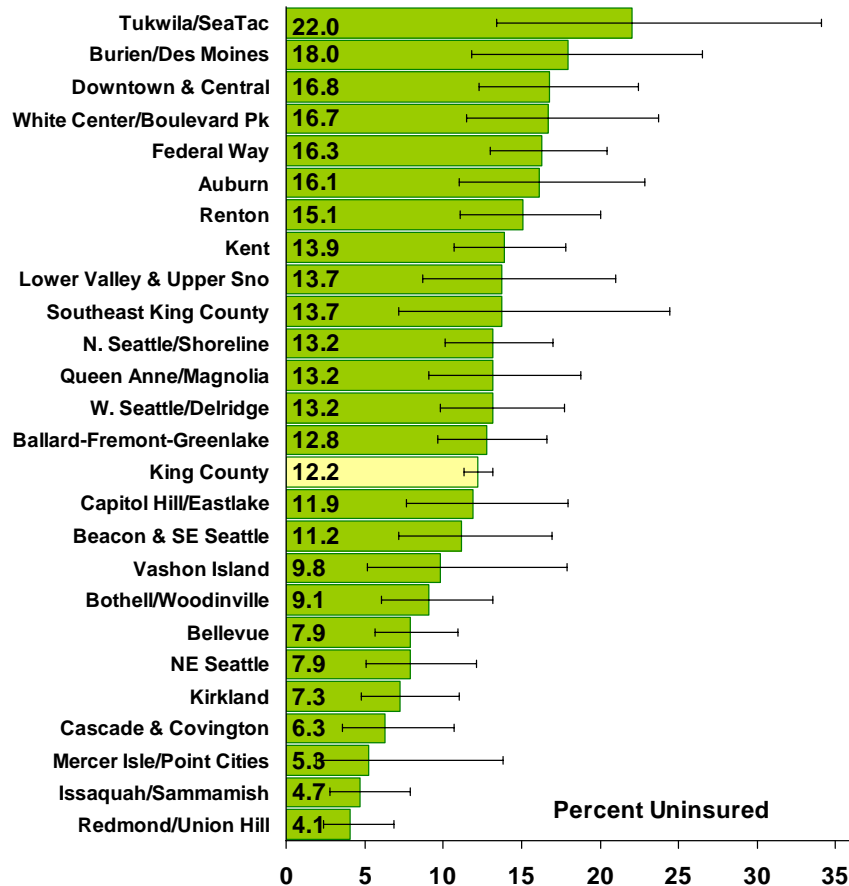
- The South Region experienced an increasing trend in the percent of residents uninsured for both the 10 year period 1995-2004 and from 2000-2004. In 2000-2002, South Region surpassed Seattle with the highest percent of uninsured.
- The East Region consistently had a significantly lower percent uninsured than the other regions.
- All regions experienced higher percents of uninsured residents, although not all are statistically significant.
- For a more indepth look at insurance coverage, see the [Uninsured in King County](#).

Percent Uninsured in Last 12 Months, Ages 18-64, by Region, King County, 3-Year Rolling Averages, 1995-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Lack of Health Insurance by Health Planning Area, Age 18-64, King County, Five-Year Average, 2000-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

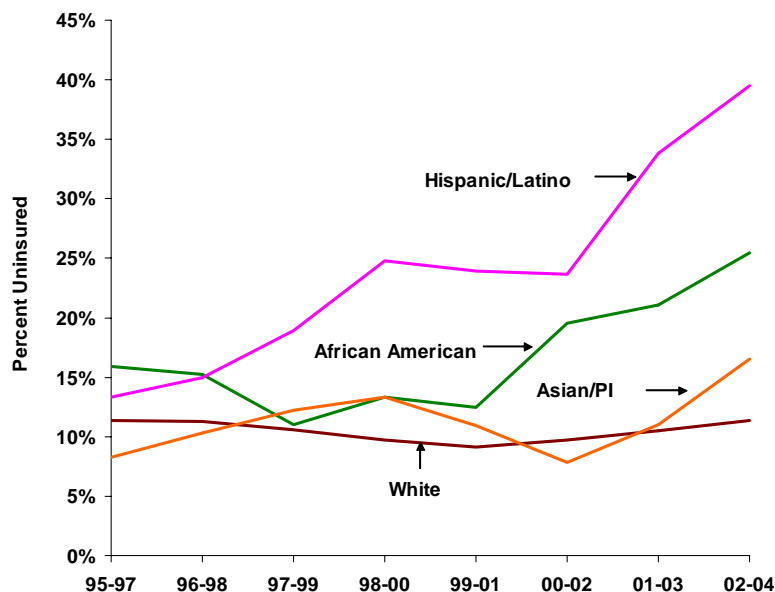
Patterns by Health Planning Area

- Among the Health Planning Areas (HPAs), the uninsured prevalence in Tukwila/SeaTac was significantly higher than the King County average rate for the 5-year period 2000-2004.
- The prevalence of uninsured in Bellevue, Kirkland, Cascade & Covington, Issaquah/Sammamish, and Redmond/Union Hill were significantly lower than the county average.

Focus on Disparities

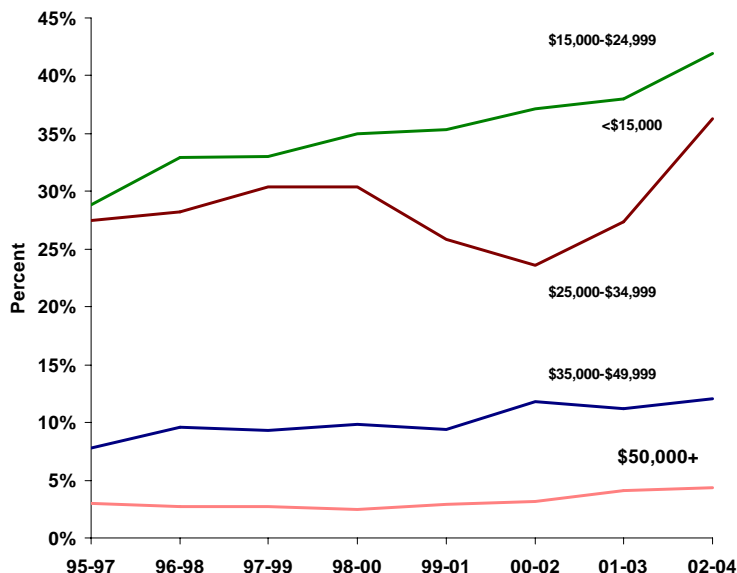
- Age disparities increased in the last 10 years. In the three year period 1995-1997, as compared to adults aged 45-64, those aged 25-44 were 2 times and those 18-24 were 3 times less likely to not have health insurance. In 2002-2004, ages 25-44 were 2.5 times and those aged 18-24 were 4.5 times less likely to have health insurance than 45-64 year olds.
- Disparities by race/ethnicity also widened in the last 10 years. In 1995-1997, African Americans and Hispanic/Latinos were 1.3 and 1.2 times less likely, respectively, to have health insurance than whites. Asian/Pis were 1.3 times more likely to have health insurance than whites. The gap between whites and all other race/ethnicities increased in the 3 year period from 2002-2004. African Americans were 2.2 times, Asian/PI were 1.5, and Hispanic/Latinos were 3.5 times more likely to not have health insurance.

Percent Uninsured in Last 12 Months, Ages 18-64, by Race/Ethnicity, King County, 3-Year Rolling Averages, 1995-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health, Seattle-King County

Percent Uninsured by Annual Household Income, Ages 18-64, King County, Three-Year Rolling Averages, 1995-2004



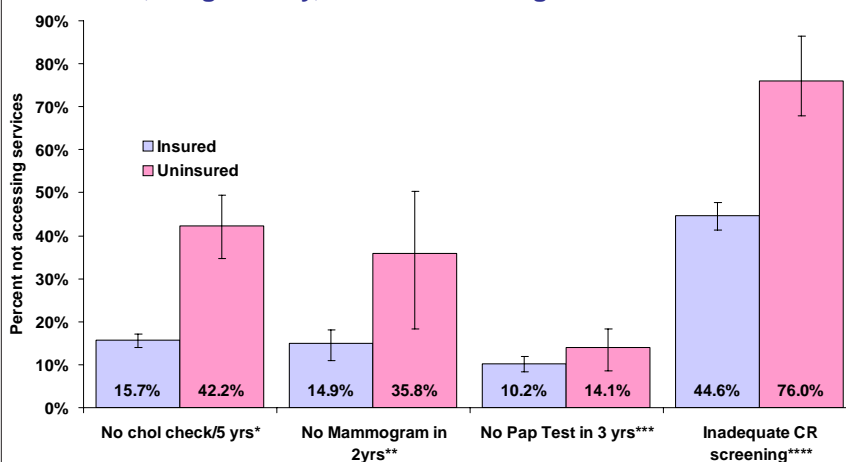
Data Source: Behavioral Risk Factor Surveillance Survey
Produced by: Epidemiology, Planning and Evaluation, Public-Health, Seattle & King County

- In 2002-2004, East Region had the lowest percentage (9%) of adults lacking insurance coverage. South Region (18%) and Seattle (14%) had significantly higher percentages of uninsured residents than the East Region. The North Region (12%) was not significantly different from any other region.
- Residents of South Region were twice as likely to be uninsured as residents of East Region. In 2000-2002, South Region surpassed Seattle as the region with the highest percentage of uninsured.
- Lack of insurance has significantly increased in the last 5 years in both East and South Regions. The apparent increase in North Region from 2000 to 2004 was not statistically significant.
- Persons with no health care coverage

were significantly less likely to meet health screening guidelines, with the exception of Pap tests, than those who were insured.

- Uninsured respondents were almost twice as likely to miss colorectal and mammography screening guidelines.
- Uninsured respondents were almost four times less likely to have received a cholesterol check in the last 5 years.
- In 1994-1998, uninsured individuals were three times less likely to have received a Pap smear. The latest data show no significant difference between the uninsured and the insured receiving Pap smears.

Lack of Insurance and Access to Preventative Services, Age 18 and Over, King County, 2000-2004 Average



* Individuals age 35 and older. 2001 and 2003 average.

** Women, age 50 and older. 2000, 2002, 2004 average.

*** Women age 18 and older. 2000, 2002, 2004 average.

**** Inadequate colorectal screening is defined as not having a fecal occult blood test (FOBT) within one year, or a sigmoidoscopy or colonoscopy within 5 years, for the population 50 years and older. 2001, 2002, and 2004 average.

Data source: Behavioral Risk Factor Surveillance Survey
Produced by: Epidemiology, Planning and Evaluation, Public-Health, Seattle & King County

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- 1 Weiner S. "I can't afford that!": dilemmas in the care of the uninsured and underinsured. J Gen Intern Med. Jun;16(6):412-8, 2001.
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- 4 Laurent AA, Solet D. The Uninsured in King County, 1995-2004. Public Health Data Watch, Public Health, Seattle-King County, Vol 8(1), 2005.
- 5 Hadley, J. Sicker and poorer—the consequences of being uninsured: a review of the research on the relationship between health insurance, medical care use, health, work, and income. Med Care Res Rev. 60 (2 supp7):35-75S, 2003.
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Oral Health Care

Oral disease is a major public health problem with high prevalence and incidence in all regions of the world. It affects more people than asthma or diabetes.¹ The heaviest burden of oral diseases occurs in disadvantaged and socially marginalized populations.²

Good oral health is more than just healthy teeth and gums. It involves receiving the proper preventive and restorative care, tooth retention, and detection of oral cancers in early stages. There is mounting evidence pointing to a relationship between poor oral care and increased morbidity and mortality.^{3, 4, 5}

Dental health coverage is not as robust or as frequently available as medical care coverage. Even when coverage is offered, it often has high deductibles, exclusions, and co-pays. Getting regular preventive care may seem discretionary, particularly in low-income families.⁶

Regular dental care can prevent dental problems such as caries (cavities), gingivitis, and tooth loss.

While King County children have better overall oral care, as compared to Washington State, there are still wide disparities by income and race.

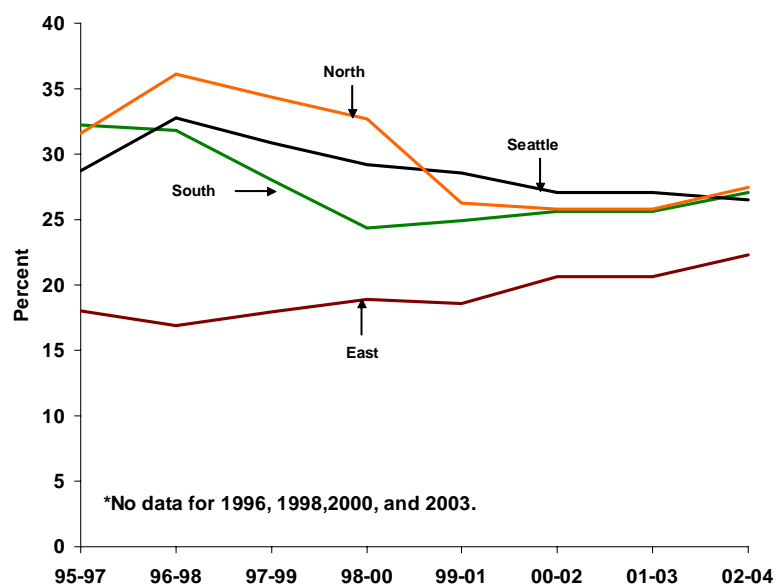
Dental Access to Care does not always mean accessibility to services. Data from the ABCD program show less than 1/3 of Medicaid children aged 0 to 5 receive dental service, even though they are eligible.

The percent of people visiting the dentist in the last year has stayed relatively the same over the last 5 years. However, the percentage in East Region remains lower than the other regions.

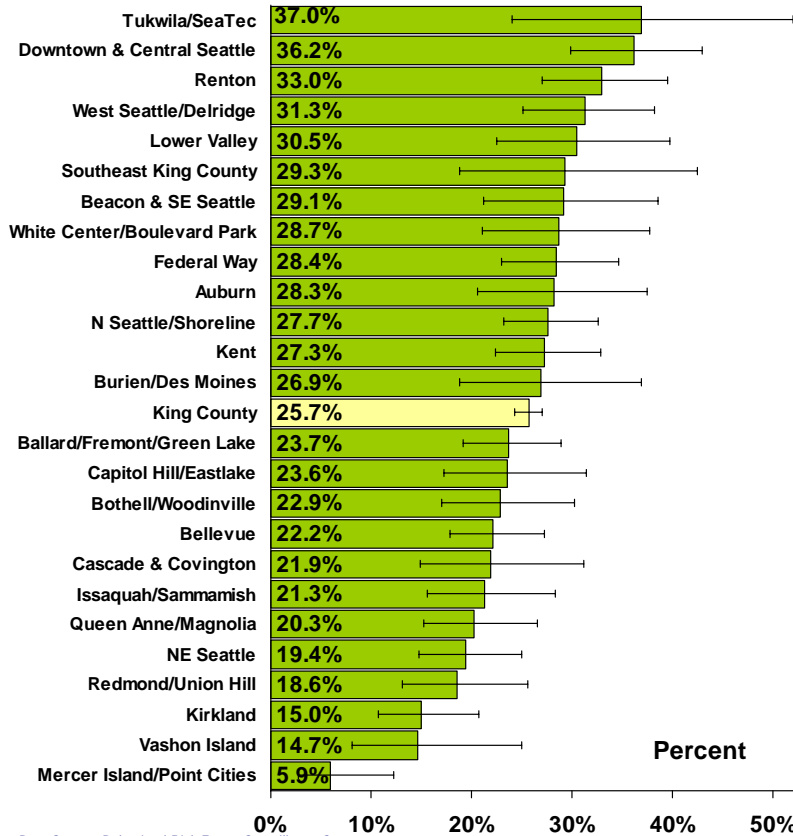
King County and Regions

- King County did not experience a significant change in the number of people seeing a dentist last year.
- In 2004, about one quarter (25.9%) of King County adults (about 359,000 individuals) had not seen a dentist or dental clinic in the past year.
- People living in East Region remain more likely to receive dental care than those living in South Region or Seattle. The gap between East Region and the rest of King County appears to be decreasing.
- See [Public Health Core Indicators for Seattle and King County](#) for more information on not seeing a dentist in the past year.
- North Region experienced a decreasing trend in the 10-year period between 1995-2004.

Did Not See a Dentist Within the Past Year Among King County Adults Age 18+ by Region, Three-Year Rolling Averages, 1995-2004*



Have Not Been To A Dentist in More than One Year, King County Adults, Five-Year Average, 2000-2004



Data Source: Behavioral Risk Factor Surveillance Survey
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

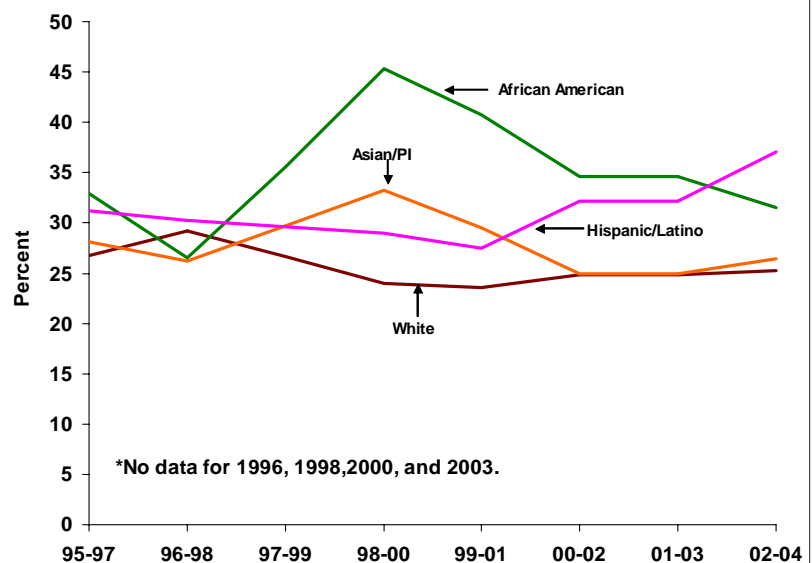
Patterns by Health Planning Area

- Small numbers within Health Planning Areas (HPA) make it difficult to determine statistical significance between the HPA. However, Tukwila/SeaTac, Downtown/Central Seattle, Renton HPA tend to have the highest rates of no regular dental care within King County.
- Mercer Island/Point Cities and Kirkland HPAs were significantly lower than the overall King County rate.

Focus on Disparities

- Men (29.3%) were less likely to see a dentist in the past year than women (22.7%).
- Infrequent dental care was one and a half to two and a half times more likely to occur in lower income people than in those making \$50,000 or more. Age differences were seen with people 18-64 and over being less likely to get regular dental care than those aged 45-64. (data not shown)
- Disparities by race/ethnicity were also evident, with African Americans and Hispanic/Latinos being less likely to visit a dentist within the past year than whites.
- In the past, data were collected that allowed analysis of dental visits by dental insurance status. That data is no longer collected, although those without dental insurance were more likely to have infrequent dental care (data not shown).

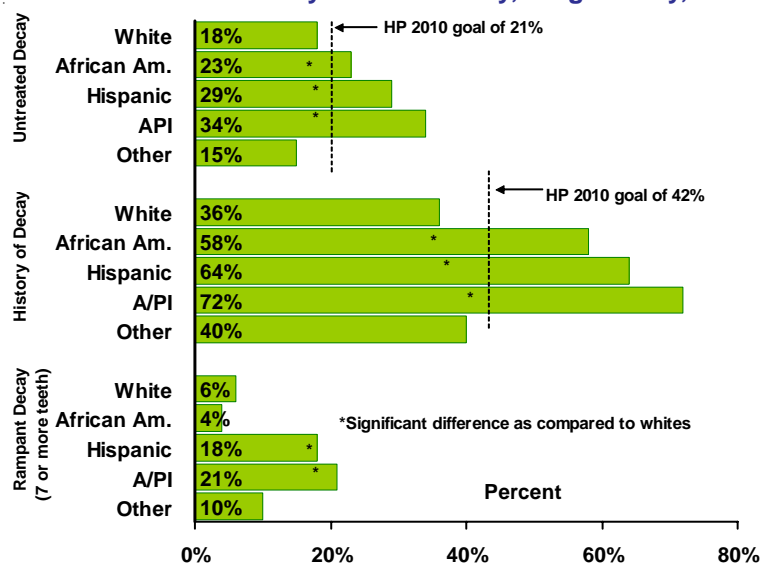
Did Not See a Dentist Within the Past Year Among King County Adults Age 18+ by Race/Ethnicity Three-Year Rolling Averages, 1995-2004*



*No data for 1996, 1998, 2000, and 2003.

Data Source: Behavioral Risk Factor Surveillance Survey
Produced by: Epidemiology, Planning, and Evaluation, Public Health - Seattle & King County

Oral Health Indicators by Race/Ethnicity, King County, 2000



Data Source: 2000 SMILE Survey
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

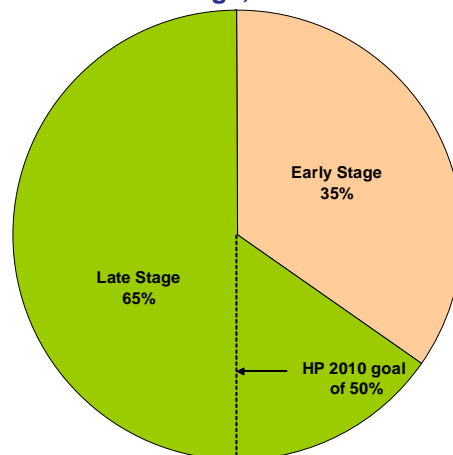
Oral Care Among Youth

- The 2000 Smile Survey data provide the most recent data on oral care in school-age children in King County. The survey was given to 2nd and 3rd graders, as well as Early Head Start children. In 2000, 15% of children had a history of untreated decay, and 8% had rampant decay (decay on 7 or more teeth). Both of these were significantly lower than Washington State's percent (data not shown).
- However, disparities were seen by race/ethnicity. Significant differences exist across the spectrum of decay.
- Healthy People (HP) 2010 goal for reducing the number of children with untreated decay is 21%, and to reduce those with a history of decay to 42%. Only whites and other races met these goals.

Oral and Pharyngeal Cancer

- Overall King County 2000-2002 rates show only 34.8% of people diagnosed with invasive oral and pharyngeal cancer were detected at the earliest stage.
- Healthy People 2010 goals are to have 50% or more of oral and pharyngeal cancers to be detected at the earliest stage.
- Earlier detection improves survival, and decreases morbidity and mortality related to the cancer.
- Oral cancer detection can be accomplished during a regular examination – from either a medical care or dental care provider. Additionally, practitioners can discuss how to avoid risk factors for these cancers (tobacco products and alcohol).

Percent of Oral and Pharyngeal Cancers Detected in the Early Stage, King County, Three Year Average, 2000-2002



Data Source: Washington State Cancer Registry.
Produced By: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

References

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Avoidable Hospitalizations

Avoidable hospitalizations are an indicator of inadequate primary care or poor access to appropriate medical care. With adequate and timely primary care, the risk of hospitalization could be reduced for these conditions.^{1,2}

Avoidable hospitalizations may occur for a number of reasons: lack of health insurance coverage, limited medical knowledge, no means of transportation, language barriers, mental health problems, or personal beliefs in the value and type of medical services.³

Underlying prevalence of diseases, patient care-seeking behavior, and adherence to treatment plan also affect avoidable hospitalization rates.

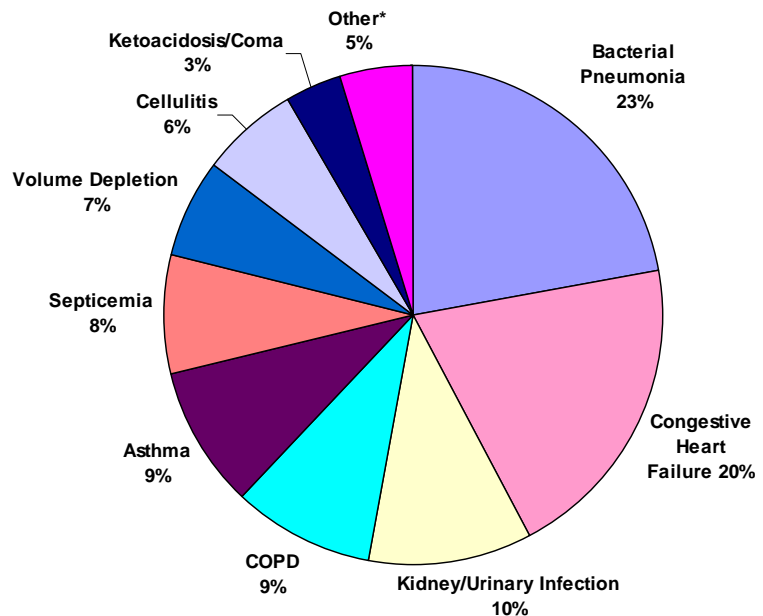
In 2004, there were 16,152 avoidable hospitalizations among King County residents, which accounts for 14% of all non-childbirth hospitalizations.

Countywide, avoidable hospitalizations significantly decreased in the last 10 years; but South Region has begun to bear a greater burden of avoidable hospitalizations.

Avoidable Hospitalization in King County

- More than half of avoidable hospitalizations were caused by bacterial pneumonia, congestive heart failure (CHF), and kidney/urinary infection. They accounted for 23%, 20%, and 10% of all avoidable hospitalizations, respectively.
- Bacterial pneumonia and CHF continued to be the two leading causes of avoidable hospitalization. Available vaccines for bacterial pneumonia could prevent about half the hospitalizations for this condition.⁴ For CHF, poverty is the biggest predictor of hospitalization. The risk of hospitalization increases as neighborhood poverty grows.⁵

**Avoidable Hospitalizations in King County,
Three Year Average, 2002-2004**



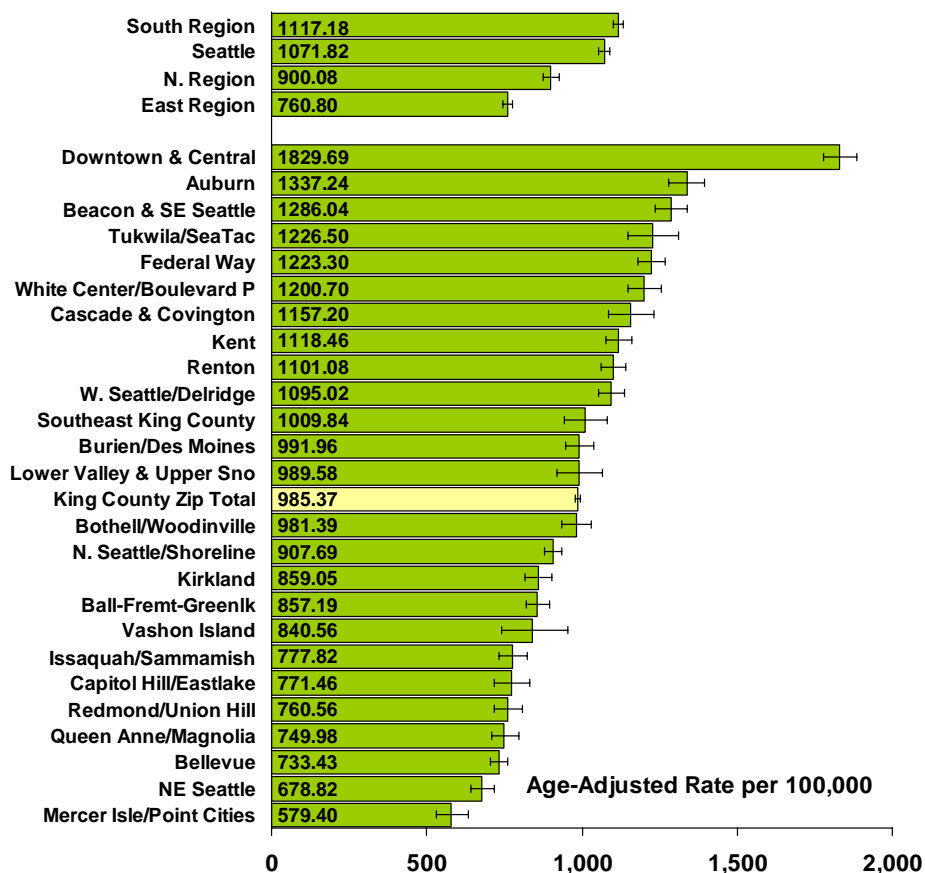
*"Other" includes: incarcerated hernia, primary hypertension, angina, dental conditions, Grand Mal status, and hypoglycemia

Data Source: Hospitalization Discharge Data, Washington State Department of Health, Office of Hospital and Patient Data Systems
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Patterns by Health Planning Area

- Averaged over 2002-2004, the age-adjusted avoidable hospitalization rate was highest for South Region. In the past, Seattle had the highest rates of avoidable hospitalization, but South Region now has significantly higher avoidable hospitalization rates than Seattle, North, and East Regions. Seattle was significantly higher than North and East Regions, and North is higher than East Region.
- By Health Planning Areas, Downtown and Central are almost twice the King County average. Rates in Auburn, Beacon Hill/Southeast Seattle, Tukwila/SeaTac, Federal Way, White Center/Boulevard Park, Cascade/Covington, Kent, Renton, and West Seattle/Delridge are all significantly higher than the county rate.
- Most of the Eastside communities were significantly lower than the county rate. In Seattle, North Seattle/Shoreline, Ballard/Fremont/Greenlake, Capitol Hill/Eastlake, Queen Anne/Magnolia, and Northeast Seattle were also significantly lower. Mercer Island had the lowest rates of avoidable hospitalizations in the county.

Avoidable Hospitalization Rates by Region and HPA, King County Three Year Average, 2002-2004

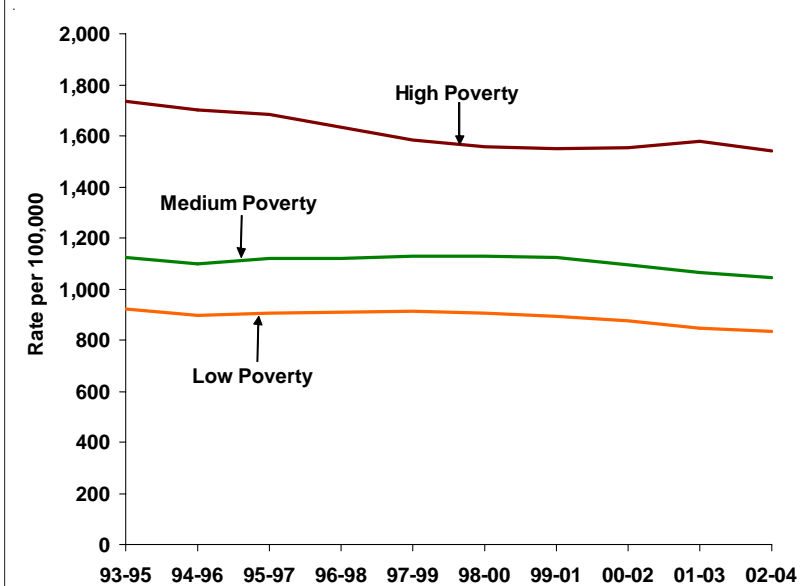


Data Source: Hospitalization Discharge Data, Washington State Department of Health, Office of Hospital and Patient Data Systems
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Focus on Disparities

- Hospitalization data in Washington State do not collect information on race/ethnicity or individual income information, so no data can be presented by this category. However, the National Hospital Discharge Survey (NHDS) show socioeconomic status and racial differences as well as health inequalities by those who are covered by insurance as well as the uninsured.⁶
- Men (1,015 per 100,000) are significantly more likely to be hospitalized for avoidable conditions than are women (934 per 100,000) (data not shown).
- Individuals who live in high poverty neighborhoods are almost twice as likely to have a condition for which hospitalization could be avoided than an individual living in a low poverty neighborhood. In 2004, high poverty neighborhoods had a rate of 1382 per 100,000, compared to the low poverty neighborhood rate of 794 per 100,000 (data not shown). While all groups experienced a significant decline over the last 10 years, the gap between high and low poverty neighborhoods has remained relatively steady.

Avoidable Hospitalizations Rates by Neighborhood Poverty Level, Three Year Average, King County, 1995-2004



Data Source: Hospitalization Discharge Data, Washington State Department of Health, Office of Hospital and Patient Data Systems
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

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Unmet Medical Need

Unmet medical need indicates whether people are getting health care they feel they need.

The Healthy People (HP) 2010 target is to lower the percent unable to get needed medical care due to cost to 7%.

In 2004, 12.6%, about 175,000 King County adults reported not getting needed medical care due to cost. This trend has significantly increased over the last 5 years, and remains higher than the HP 2010 goal.

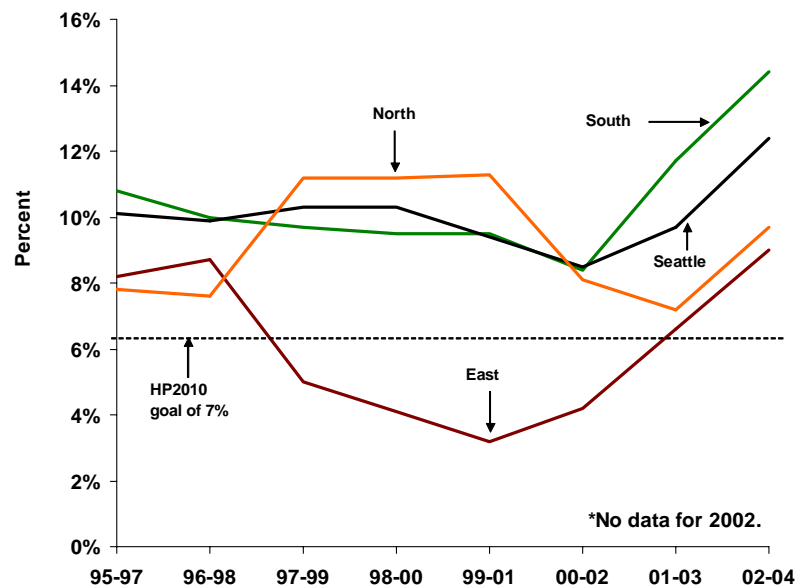
King County has the 11th lowest percent with unmet medical need out of 15 major metropolitan U.S. counties across the country. It is not significantly different from Washington State or other counties with comparable demographics. See [Public Health Core Indicators for Seattle & King County](#) for more information.

Health care coverage is an important component of being able to access the health care system,¹ but even individuals with health insurance experience difficulties.

King County and Regions

- East Region experienced a significant increasing trend over the last five years, although it is still statistically significantly lower than South Region or Seattle.
- South Region also experienced a significantly increasing trend. In the three-year period 2000-2002, South Region surpassed Seattle with the percent of people not seeing a doctor due to cost.

Percent Who Did not See a Doctor in Past Year Due to Cost, King County Adults by Region, Three-Year Rolling Averages, 1995-2004*

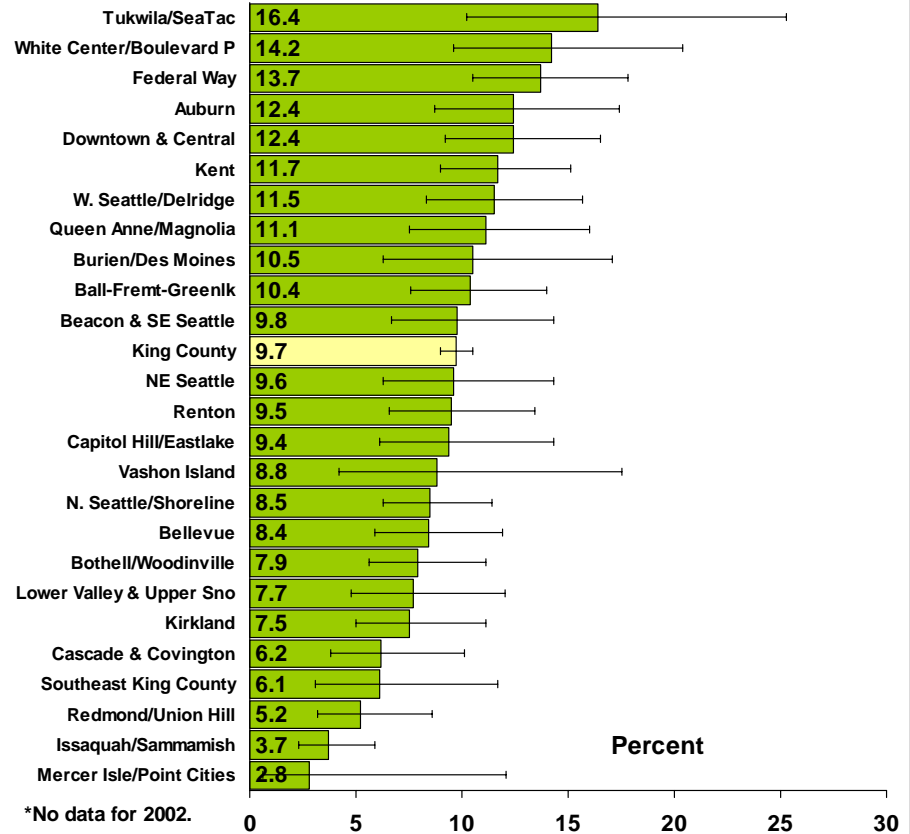


Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Patterns by Health Planning Area

- Small numbers make differences by Health Planning Area (HPA) difficult to interpret. Nonetheless, HPAs in the South Region tended to be higher than the King County average, and HPAs in the East Region tended to be lower than King County average.
- Issaquah/Sammamish and Redmond reported significantly less difficulty in obtaining medical care due to cost than the King County average.
- Federal Way had a significantly higher percent not getting needed medical care due to cost compared to the King County average.

Percent Who Did Not See a Doctor in Past Year Due to Cost, King County Adults by Health Planning Area, Five Year Average, 2000-2004*

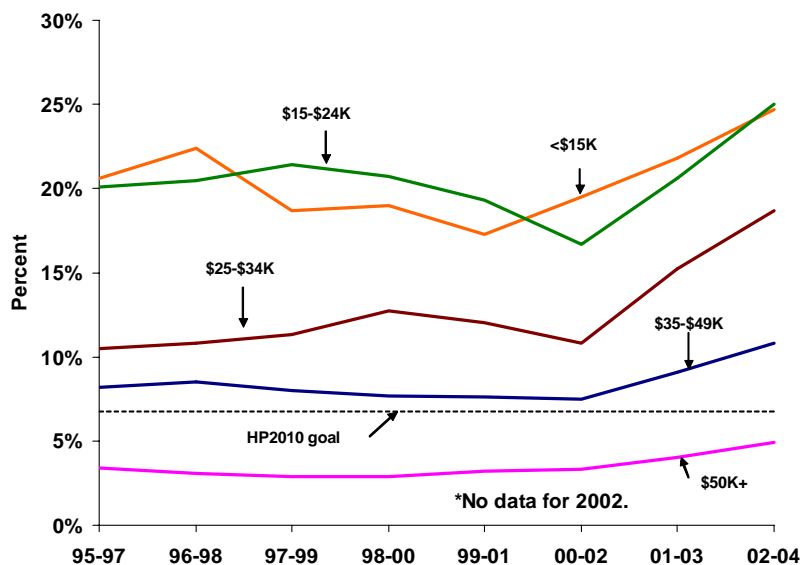


Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Focus on Disparities

- Individuals aged 18-24 were two to six times less likely to get needed medical care than older age groups. Those 65 and older reported significantly fewer problems than the other age groups. (data not shown)
- Males had 1.2 times the risk of not getting needed medical care due to cost than females. (data not shown)
- Asian/Pacific Islanders and whites are one to three times less likely to not get needed medical care due to cost than African Americans or Hispanics/Latinos (data not shown).
- As compared to household incomes greater than \$50,000 a year, all other income groups were between 2 and 5 times more likely to report unmet medical need. Both those in the \$15,000-\$24,000 and \$15,000 and under income groups were 5 times more likely to report not seeing the doctor due to cost.

Percent Who Did not See a Doctor in Past Year Due to Cost, King County Adults by Annual Household Income, Three-Year Rolling Averages, 1995-2004*



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

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Usual Source of Care

Access to a usual source of care is related with receiving adequate preventive care,^{1,2} access to care,³ better care continuity, and fewer hospitalizations, which result in lower health care costs.⁴

The Healthy People (HP) 2010 target is for 96% of adults 18 and older to have a usual on-going source of care.

In 2004, only 77.7% of King County adults reported having a usual source of care. This means that more than one in five (approximately 157,000 individuals) lacked a usual source of care.

Consistently collected data is only available from 2000-2004.

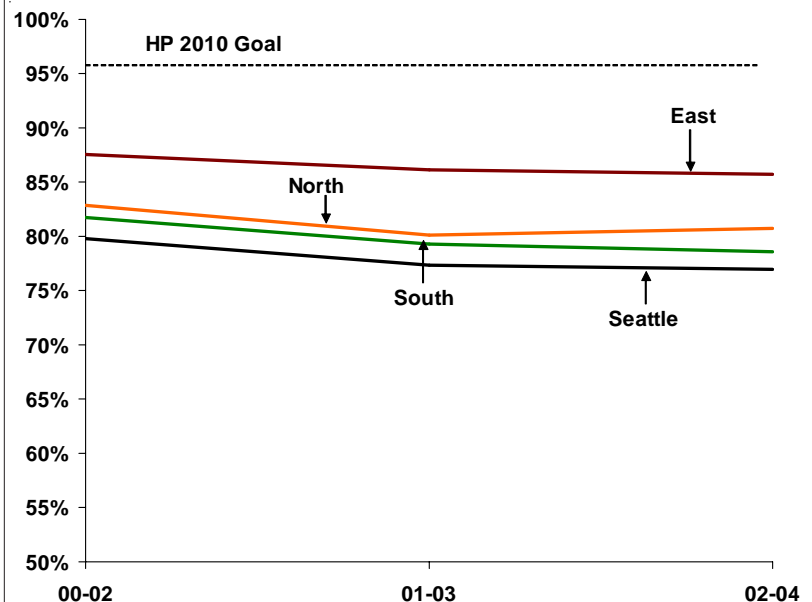
Overall, King County did not meet the HP 2010 objective of 96% having a usual source of care. Trends are moving away from having a usual source of care.

The uninsured and Spanish speaking populations had the highest prevalence of lacking a usual source of care.

King County and Regions

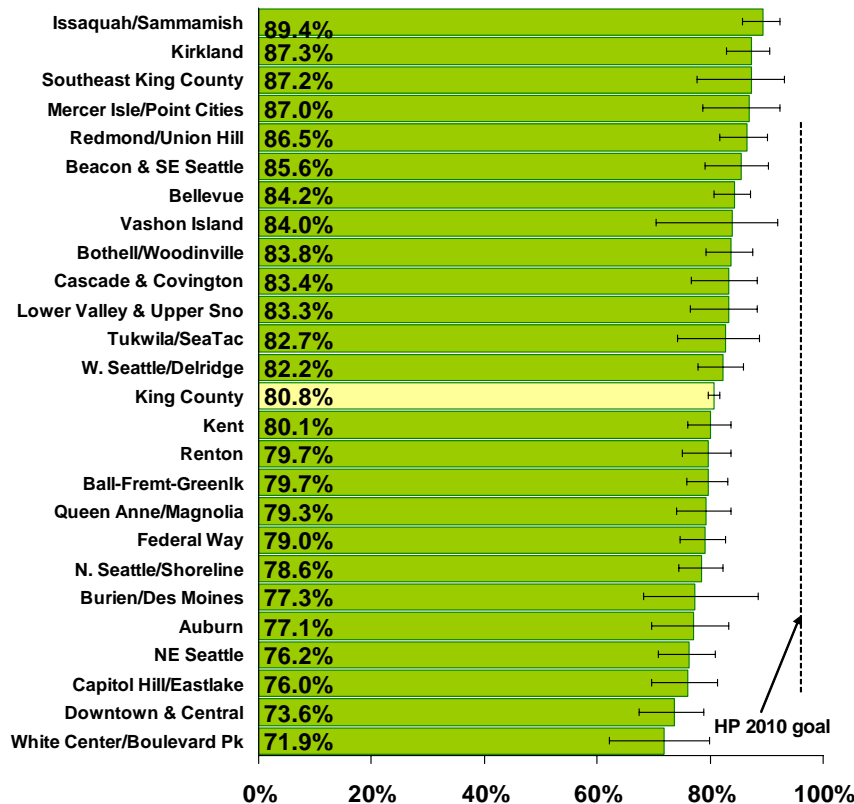
- King County, South Region and Seattle showed significant decreases in the prevalence of a usual source of care.
- East and North Region had no significant trends.

Percent With a Usual Source of Care, King County Adults by Region, Three-Year Rolling Averages, 2000-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Had a Usual Source of Care, King County Adults, by Health Planning Area, Five Year Average, 2000-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

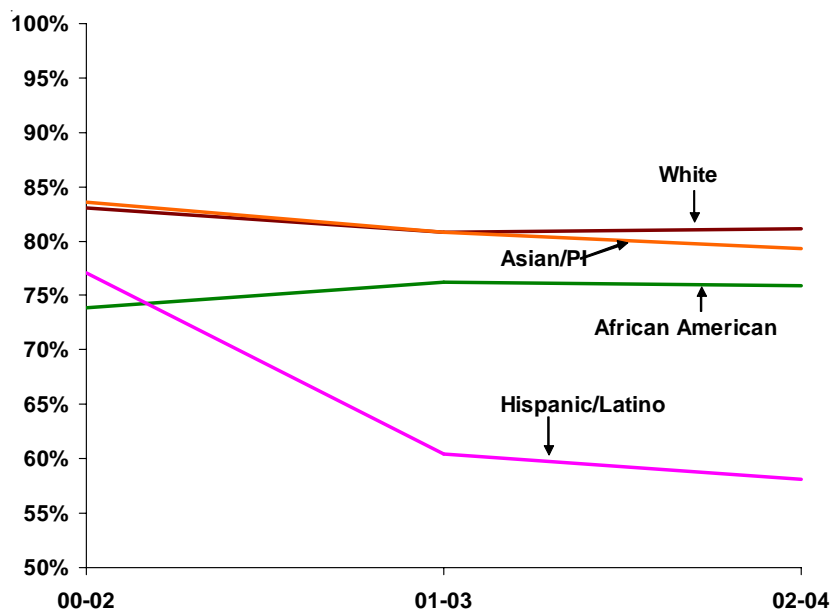
Patterns by Health Planning Area

- Small numbers make the data difficult to interpret. Nonetheless, HPAs in Seattle and the South Region tended to be lower than the King County average, and HPAs in the East Region tended to be higher than King County average.
- Issaquah/Sammamish and Kirkland have a significantly higher percent of people having a usual source of care than King County as a whole.

Focus on Disparities

- Hispanic/Latinos are significantly less likely to have a routine source of care, compared to other races/ethnicities. The disparity is even more severe when examined by language.
- Beginning in 2003, the Behavioral Risk Factor Surveillance Survey (BRFSS), which collects data on usual source of care, was given in Spanish as well as English.
- 76% of English respondents reported having a usual source of care in 2003 and 2004. Less than one quarter (23.9%) of Spanish respondents reported having a usual source of care.

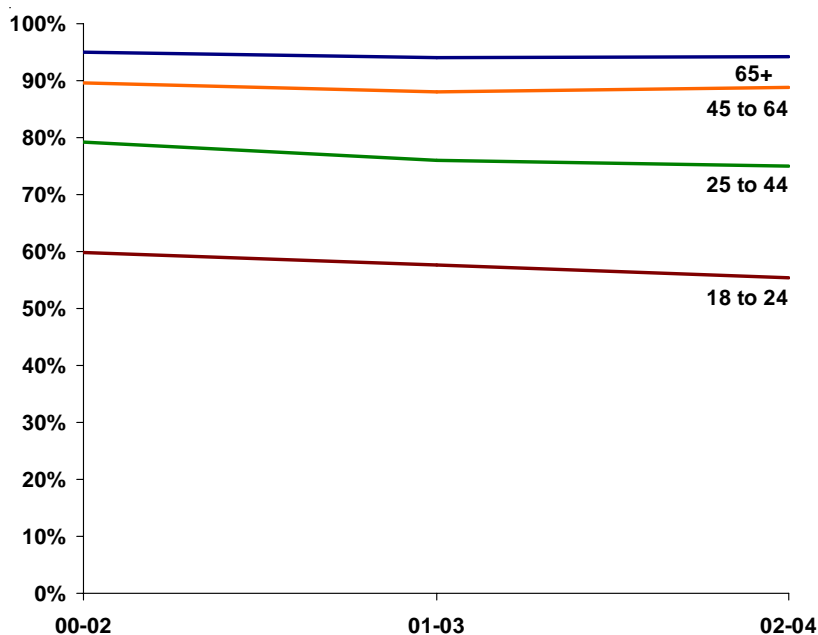
Percent Who Had a Usual Source of Care, King County Adults by Race/Ethnicity, Three-Year Rolling Averages, 2000-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

- Older respondents were more likely to have a usual source of care, with significant differences between each group.
- People covered by health insurance were more than twice as likely to have a usual source of care (82.1%) as the uninsured (36.8%) (data not shown).
- People living in households with incomes greater than \$50,000 were more likely to have a usual source of care than the other income groups (data not shown).

Percent Who Had a Usual Source of Care, King County Adults by Age, Three-Year Rolling Averages, 2000-2004



Data Source: Behavioral Risk Factor Surveillance System
Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

References

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